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SLORUTARY OF STAIL DIVISION OF CORFORATION

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:				Association,		
	(PRO)	OSED CORP	ORATE NA	ME - MUST INCLUDI	E SUFFIX)	

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

\$78.75 Filing Fee &

Certificate of

Status

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

P.O. Box 553
Address

Codgewater, FL 32132
City, State & Zip 386-345-0936 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIO	LES OF INCORPORAT	ION
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In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Florida Ranch Horse Association, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Florida Konch Horse Association. Inc. P.O. Box 553, Edge water, FL 32132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: as a charter club of American Kunch Horse Assoc. , to provide a venue for dedicated western stock horse enthusiasts in Florida , to share their knowledge, provide a fair , safe , supportive, family friendly atmosphere for the novice, youth , amateur and open rider at shows, clinics and all club functions.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: A formation meeting was held and nominations were made, accepted. Voting was then done, majority ruling. Presi and Vites offices are I YR terms.

Secretary and Treasurer are 2 YR terms.

7 Board of Directors are 1 YR terms OFFICERS

List name(s), address(es) and specific title(s):

Curtis Roberts, Pres. P.O. Box 553, Edoewater, FL 32132

Walter Jones, VP 7030 N. US *1, *101, Cocoa, FL 32927

Ruth Haigh, Treas. 2215 Old Mission Rd., New Smyrna Bch., FL 32168

<u>ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Skephanie Koberts 479 W. Maytown Rd. () at Hill, FL 32759

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephanie KoberTs P.O. Box 553

Edgewater, FL 32132

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

esshance (Xoberta) Signature/Registered Agent Signature/Incorporator